

## DISABLED VETERAN BUSINESS ENTERPRISE PARTICIPATION SUMMARY

STD.840 PROPOSED 3/98

### COMPLETION INSTRUCTIONS

THIS FORM **MUST** BE COMPLETED WHETHER THE CONTRACT GOALS ARE ACHIEVED OR A "GOOD FAITH EFFORT" IS MADE AND DOCUMENTED. IF NO PARTICIPATION IS OBTAINED, STATE "N/A" OR "NONE." FULL AND PARTIAL GOAL ACHIEVEMENT SHOULD BE REPORTED.

**COMPANY NAME** - list the name of the company proposed for DVBE participation. If the prime contractor is a DVBE, the name **MUST** be listed for participation.

**NATURE OF WORK** - identify the proposed work to be performed by the prime contractor or subcontractors.

**CONTRACTING WITH** - list the name of the department or company with which the company listed is contracting.

**TIER** - the contracting tier should be indicated with the following level designations:

0=Prime or Joint Contractor

1=Primary Subcontractor/Supplier

2=Subcontractor/Supplier of Level 1 Subcontractor/Supplier

3=Subcontractor/Supplier of Level 2 Subcontractor/Supplier, etc.

**CLAIMED DVBE VALUE** - the total participation dollar amount claimed by a disabled veteran business enterprise (DVBE) for this bid.

**CERTIFICATION** - to obtain DVBE participation credit, the firm must be formally certified by the Office of Small and Minority Business. Check "yes" if the certification verification has been included for each firm listed for participation.

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**See completion instructions on reverse.**

COMPANY NAME	NATURE OF WORK	CONTRACTING WITH	TIER	CLAIMED DVBE VALUE	CERTIFICA- TION